

Hillsborough County Pre-Trip Authorization and Reimbursement Request Form



All travel must comply with Administrative Directive No. AD-09.

This form must be completed prior to travel.

TRAVEL INFO:	Name: Simon Bollin	EMP ID: 30751	We certify that the mode of transportation is the most cost effective under the circumstances and travel complies with AD No. AD-09.	
	Address: 925 15th Ave. N		Signature of Traveler: <i>Simon Bollin</i>	Date: 9/10/15
	City: St. Petersburg FL	ZIP: 33704	Signature of Approving Authority: <i>[Signature]</i>	Date: 9/11/15
	Dept./Agency: Economic Development	Ph #: (813) 276-2735	Travel Coordinator Name: Tammie Sanabria	Ph #: (813) 272-5506

TRAVEL INFO:	Purpose of Travel: Attend <u>2015 MBAA Conference</u>			
	Method of Travel: <input type="checkbox"/> County Vehicle <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Common Carrier		Class of Travel: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
	Departure Date: 10/08/15	Departure Time: 4:00pm	Travel Destination City: Jacksonville	County: Duval State: FL
	Return Date: 10/10/2015	Return Time: 3:00pm	NOTES:	

DETAIL OF ESTIMATED EXPENSES	ATTACH JUSTIFICATION FOR ESTIMATED EXPENSES:	
	Registration Fee:	\$315.00
	Hotel: 2# days at \$164.00 per day	\$328.00
	Airline Ticket: <input type="checkbox"/> Non-refundable	\$0.00
	Car Rental <input type="checkbox"/> Voucher:	\$0.00
	Auto Mileage: 400 miles at \$0.445	\$178.00
	Per Diem: quarter days at \$21.25	\$0.00
	Meals: Breakfasts: 1#	\$8.00
	Lunches: 1#	\$8.00
	Dinners: 2#	\$22.00
Other: Parking \$15.00 per day	\$30.00	
Total Estimated Expenses: \$889.00		

ADVANCE EXPENSES: (90% OF ESTIMATED EXPENSES)	
Hotel: \$ at 90% =	\$0.00
Meals: \$ at 90% =	\$0.00
Mileage: \$ at 90% =	\$0.00
Other: \$ at 90% =	\$0.00
Total Advanced Expenses: \$0.00	

DETAIL OF REIMBURSABLE EXPENSES	SIGNED FORM VERIFYING COMPLETION OF TRAVEL IS DUE TO BOCC ACCOUNTING 5 DAYS AFTER TRAVEL RETURN DATE.	
	Registration Fee:	\$315
	Hotel: # days at \$ per day	\$328
	Airline Ticket: Payment Proof Required	\$
	Car Rental: Payment Proof Required	\$
	Auto Mileage: 396.34 miles at \$0.445	\$176.40
	Destination Mileage: miles at \$0.445	\$0.00
	Explanation:	
	Parking, Tolls, Taxi (attach receipts)	\$20
	Per Diem: quarter days at \$21.25	\$0.00
Meals: Breakfasts: #	\$	
Lunches: 1 #	\$8	
Dinners: 2 #	\$44	
Other Expenses (attach receipts)	\$	
Total Allowances: \$896.40		
*If overpaid, please make check payable to BOCC and attach		
Less Advanced Payments: \$643		
*Total Reimbursement: \$248.40		

We hereby certify that this travel is true and correct in every material matter; that the expenses were incurred by the traveler as necessary travel in the performance of official duties; and that the same conforms in every respect with the requirements of § 112.061, Florida Statutes, and Administrative Directive No. AD-09.

Signature of Traveler: <i>Simon Bollin</i>	(813) 276-2735	Signature of Approving Authority: <i>[Signature]</i>	Date: 10/13/15
Work Phone Number			

METHOD OF PAYMENT: (COMPLETE DETAILED INFORMATION REQUIRED)			
Registration: <input checked="" type="checkbox"/> Purchasing Card Amount: \$315.00	<input type="checkbox"/> Check Document No.: Payable to: MBAA Annual Convention Address: 411 Lafayette Street, Suite 201, New York, NY 10003 Early Bird Deadline	Fed. Tax I.D.: Index / Sub-Object Code: 00004.110708.555053.5520 Registration Deadline: 11	Phone #: 212 460-9700 Fax #: 212 460-5460
Hotel: <input checked="" type="checkbox"/> Purchasing Card Confirm #: 316NKJ8Q 348.00	<input type="checkbox"/> Check Document No.: Payable to: Hyatt Regency Jacksonville Ri Address: 225 East Coastline Drive Jacksonville FL	Fed. Tax I.D.: Index / Sub-Object Code: 00004.110708.540003.5520	Phone #: 888 421-1442 Fax #: (904) 588-
Rental Car: <input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code: Amount: \$		
Advance Travel Expenses Payable to Traveler: <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code: Amount: \$		
Reimbursable Travel Expenses to Traveler: <input checked="" type="checkbox"/> Check Document No.:	Index / Sub-Object Code: Amount: \$		

Date	Doc Amount	No. of Lines	Trans Hash	Coded By	Distribution: <input type="checkbox"/> Copy - Department <input type="checkbox"/> Original - Accounting <input type="checkbox"/> Copy - Transaction Report
Vendor No. Document No.					

IE208166 20150870047

Hillsborough County Pre-Trip Authorization and Reimbursement Request Form



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Name: Simon Bollin	EMP ID: 30751	We certify that the mode of transportation is the most cost effective under the circumstances and travel complies with AD No. AD-09.	
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City: St. Petersburg FL	ZIP: 33704	Signature of Approving Authority: <i>[Signature]</i>	Date: 9/11/15
Dept./Agency: Economic Development	Ph #: (813) 276-2735	Travel Coordinator Name: Tammie Sanabria	Ph #: (813) 272-5506

Purpose of Travel: Attend 2015 MBAA Conference			
Method of Travel: <input type="checkbox"/> County Vehicle <input checked="" type="checkbox"/> Private Vehicle <input type="checkbox"/> Common Carrier	Class of Travel: <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		
Departure Date: 10/08/15	Departure Time: 4:00pm	Travel Destination: City: Jacksonville County: Duval	State: FL
Return Date: 10/10/2015	Return Time: 3:00pm	NOTES:	

ATTACH JUSTIFICATION FOR ESTIMATED EXPENSES:		SIGNED FORM VERIFYING COMPLETION OF TRAVEL IS DUE TO BOCC ACCOUNTING 5 DAYS AFTER TRAVEL RETURN DATE.	
Registration Fee:	\$315.00	Registration Fee:	\$315
Hotel: 2# days at \$164.00 per day	\$328.00	Hotel: # days at \$ per day	348.00
Airline Ticket: <input type="checkbox"/> Non-refundable	\$0.00	Airline Ticket: Payment Proof Required	\$
Car Rental <input type="checkbox"/> Voucher:	\$0.00	Car Rental: Payment Proof Required	\$
Auto Mileage: 400 miles at \$0.445	\$178.00	Auto Mileage: 346.34 miles at \$0.445	176.40
Per Diem: quarter days at \$21.25	\$0.00	Destination Mileage: miles at \$0.445	\$0.00
Meals: Breakfasts: 1#	\$8.00	Explanation:	
Lunches: 1#	\$8.00	Parking, Tolls, Taxi (attach receipts)	\$20
Dinners: 2#	\$22.00	Per Diem: quarter days at \$21.25	\$0.00
Other: Parking \$15.00 per day	\$30.00	Meals: Breakfasts: #	\$
Total Estimated Expenses:	\$889.00	Lunches: 1 #	\$8
ADVANCE EXPENSES: (90% OF ESTIMATED EXPENSES)		Dinners: 2 #	\$44
Hotel: \$ at 90% =	\$0.00	Other Expenses (attach receipts)	\$
Meals: \$ at 90% =	\$0.00	Total Allowances:	911.40
Mileage: \$ at 90% =	\$0.00		
Other: \$ at 90% =	\$0.00		
Total Advanced Expenses:	\$0.00		

We hereby certify that this travel is true and correct in every material matter; that the expenses were incurred by the traveler as necessary travel in the performance of official duties; and that the same conforms in every respect with the requirements of § 112.061, Florida Statutes, and Administrative Directive No. AD-09.

Signature of Traveler: <i>Simon Bollin</i>	(813) 276-2735	Signature of Approving Authority: <i>[Signature]</i>	Date: 10/13/15
Work Phone Number			

METHOD OF PAYMENT: (COMPLETE DETAILED INFORMATION REQUIRED)			
Registration: <input checked="" type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Fed. Tax I.D.:	Phone #: 212 460-9700	
Amount: \$315.00	Index / Sub-Object Code:	Fax #: 212 460-5460	
Payable to: MBAA Annual Convention	00004.110708.555053.5520		
Address: 411 Lafayette Street, Suite 201, New York, NY 10003	Registration Deadline: 11		
Early Bird Deadline:			
Hotel: <input checked="" type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Fed. Tax I.D.:	Phone #: 888 421-1442	
Confirm #: 32CNKJBR	Index / Sub-Object Code:	Fax #: (904) 588-	
Amount: 348.00	00004.110708.540003.5520		
Payable to: Hyatt Regency Jacksonville Ri			
Address: 225 East Coastline Drive Jacksonville FL			
Rental Car: <input type="checkbox"/> Purchasing Card <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$	
Advance Travel Expenses Payable to Traveler: <input type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$	
Reimbursable Travel Expenses to Traveler: <input checked="" type="checkbox"/> Check Document No.:	Index / Sub-Object Code:	Amount: \$	

Date:	Doc Amount:	No. of Lines:	Trans Hash:	Coded By:	Distribution:	<input type="checkbox"/> Copy - Department
						<input type="checkbox"/> Original - Accounting
Vendor No.:	Document No.:		<input type="checkbox"/> Copy - Transaction Report			

IE208166 2015287047

PRE TRAVEL FORM

The Pre Travel Authorization Request Form must be approved and signed by the Director prior to submitting it to administration for processing. This form shall be submitted to administration at least 15 days prior to the travel along with the Agenda and any other supporting information/documentation regarding the Conference, Expo or Training.

Employee Name: Simon Bollin Emp. Id 30751

Name of Conference, Expo or Training: MBAA Annual Convention

Registration Fee: \$315 Website: etings/annual/registration/Documents/

Address: 225 East Coastline Drive

City: Jacksonville County: Duval

Phone: 212-460-9700 Fax: 212-460-5460

Departure Date/Time: 10/08/2015 1600 Return Date/Time: 10/10/2015 1400

Hotel: Hyatt Regency Jacksonville Riverfront

Address: 225 East Coastline Drive Jacksonville, FL 32202

Phone: 888-421-1442 Fax: 904-588-1234

Method of Travel Requesting: (Circle one) County Vehicle - Private Vehicle - Common Carrier - Rental Car

County Vehicle - Private Vehicle - Rental (Circle one) Projected Mileage: 400

Common Carrier/Airline: NA

Departure Date/Time: 10/08/15 1600 Return Date/Time: 10/10/15 1300

Departure Flight No.: Returning Flight No.:

If meals are provided, please note the date for each below:

Breakfast will be provided: 10/09/2015, 10/10/15

Lunch will be provided: 10/09/2015

Dinner will be provided: No

Other Projected Expense:

POST TRAVEL FORM

Please provide your Post Travel receipts and documentation within 3 days of returning from the Conference, Expo or Training event.

Employee Name: Simon Bollin Emp. Id 30751

Name of Conference, Expo or Training: MBAA Annual Convention
(Attach Documentation/Agenda)

Method of Travel: (Circle one)
Expenses

County Vehicle - Private Vehicle - Common Carrier - Rental Car

Tolls: 0

Mileage: 399.4

Parking: 20

Common Carrier/Airline Expenses: NA

If meals were provided, please note the date for each below:

Breakfast provided: 10/09/2015, 10/10/2015

Lunch provided: 10/09/2015

Dinner provided:

Other Travel Related Expense:
(Attach receipts)



Share the Passion

2015 MBAA Annual Conference

October 8-10 • Jacksonville, Florida

Receipt

Reference Number 14263581
Date Registered 09/16/2015
Statement Date 09/16/2015

Event 2015 MBAA Annual Conference
Event Details Hyatt Regency Jacksonville Riverfront
 225 East Coastline Drive
 Jacksonville FL 32202
Event Date 10/08 - 10/10/2015

Selection	Cost
I am a Nonmember: Simon Bollin	
Single Day Registration	\$315.00
Sub Total:	\$315.00
Total	\$315.00

Billed To

Billing Company Hillsborough County Economic Development
Name June Metcalf
Address Line 1 601 E Kennedy Blvd 20th Floor
City Tampa
US State FL
Billing Zip/Postal Code 33602
Country USA
Email Address bollins@hillsboroughcounty.org

Date	Transaction Type	
09/16/2015	Transaction Amount	\$315.00

9/17/2015

Receipt

09/16/2015

Online Credit Card Payment (xxxxxxxxxxxx8713)

\$-315.00

Balance

\$0.00

Questions? Please contact: MBAA Registrar at gnatera@pcm411.com or Call +1 212-460-9700

June Metalf #25574
IE 204187

Sanabria, Tammie

From: Bollin, Simon
Sent: Thursday, September 03, 2015 1:43 PM
To: Sanabria, Tammie
Subject: RE: re: MBAA Annual Convention

Ok np. That's way I put in the \$315 for the 1 day rate.

Simon

From: Sanabria, Tammie
Sent: Thursday, September 03, 2015 1:28 PM
To: Bollin, Simon <BollinS@hillsboroughcounty.org>
Subject: RE: re: MBAA Annual Convention

Simon,

This will not be able to be processed today as Lindsey is not here to approve. Once the approval is complete we will get it processed.

Have a great day!

Tammie

From: Bollin, Simon
Sent: Thursday, September 03, 2015 8:31 AM
To: Sanabria, Tammie <SanabriaT@HillsboroughCounty.ORG>; Smith, Norma <SmithNE@HillsboroughCounty.ORG>
Subject: re: MBAA Annual Convention

Sorry early registration ends by COB today☺ I've printed out the forms and will get them to you shortly. If you have any questions please let me know.

<http://www.mbaa.com/meetings/annual/registration/Pages/default.aspx>

Thank You,

Simon Bollin CCA
Agribusiness Development Manager
Hillsborough County Economic Development
601 E Kennedy Blvd 20th Floor
Tampa, FL 33602
P: 813-276-2735
E: bollins@hillsboroughcounty.org

Please note: all correspondence to or from this office is subject to Florida's Public Records laws.



REGISTRATION FORM



2015 MBAA Annual Conference October 8-10

Hyatt Regency Jacksonville Riverfront
225 East Coastline Drive
Jacksonville, Florida, USA 32202

Advance Registration Deadline
September 3, 2015

Complete the following. Please print clearly to ensure correct spelling on name badge.

Registrant is ☒ Male ☐ Female

☒ Mr. ☐ Mrs. ☐ Ms. ☐ Dr.

First Name Simon Middle Initial _____

Last/Surname Bollin

Name Preferred on Badge (first name only) Simon

Job Title Agribusiness Development Manager

Date of Birth (new members only) 04 21 1977
Month Day Year

Information below is ☒ New Address ☐ Alternate Address

Employer/Company/Institution Hillsborough County Economic

Company Address 601 E Kennedy Blvd Development
Street

Tampa FL
City State/Province

33602 USA
Zip/Postal Code Country

Daytime Telephone 813-276-2735

Facsimile 813-276-2638

E-mail bollins@hillsboroughcounty.org

Emergency Contact:

Name _____

Telephone (October 8-10, 2015) _____

By registering for the 2015 MBAA Annual Conference, you guarantee that you are 21 years of age or older. Minors under age 21 will not be allowed to attend any of the Annual Conference's program or functions, including but not limited to the technical sessions, Bierstube, exhibition, and receptions. Please note, you must be able to produce current, valid identification at any point during the event upon request.

Profile Data

Please complete the following:

Title - Select One

- ☐ President; Vice President; Other Corporate Official
- ☒ Director; Manager; Department Head; Supervisor
- ☐ Brewmaster; Assistant Brewmaster; Brewing Supervisor
- ☐ Plant Manager; Engineer; Other With Production Responsibilities
- ☐ Chemist; Technologist; Microbiologist; Lab Assistant; Technician
- ☐ Professor; Post-doctorate; Graduate Student; Student
- ☐ Director; Association Executive; Publisher
- ☐ Technical Sales/Service
- ☐ Consultant
- ☐ Retired
- ☐ Other _____

Primary Area of Responsibility - Select One

- ☐ Brewing
- ☐ R&D; Product Development
- ☐ Packaging
- ☐ Production
- ☐ Purchasing
- ☐ Engineering
- ☐ Quality Assurance/Control
- ☐ Environmental; Health & Safety
- ☐ Regulatory
- ☐ Education
- ☐ Sales & Marketing
- ☐ Distribution
- ☐ Other _____

Organization Type - (Select as many as apply)

A ☐ Brewery

Type

- A001 ☐ Major
- A002 ☐ Regional
- A003 ☐ Micro
- A004 ☐ Brewpub
- A005 ☐ Contract

Product

- A006 ☐ Beer
- A007 ☐ Wine
- A008 ☐ Liquor
- A009 ☐ Cider
- A010 ☐ Mead
- A011 ☐ Flavored Alcoholic Beverages

B ☐ Allied

- B001 ☐ Barley/Malting
- B002 ☐ Hops/Hop Products
- B003 ☐ Equipment
- B004 ☐ Packaging Materials
- B005 ☐ Brewing Adjuncts
- B006 ☐ Brewing Supplies
- B007 ☐ Instruments
- B008 ☐ Laboratory Supplies
- B009 ☐ Engineering Services

C ☐ Wholesaler/Importer

D ☐ Consultancy

E ☒ Government; Educational & Private Institutions; Research Organizations

F ☐ Professional Association; Publisher; Service Organization

G ☐ Retired

H ☐ Other _____

Other Professional Memberships (Select as many as apply)

- ☐ American Society of Brewing Chemists
- ☐ Brewery Convention of Japan
- ☐ European Brewing Convention
- ☐ Brewers Association
- ☐ Institute of Brewing & Distilling
- ☐ Other _____

Reverse Side Must Be Completed To Register. Thanks!

Registrations postmarked or faxed by dates listed will be charged the appropriate fee.

Registration	Advance by Sept. 3	Regular/ On-site after Sept. 3	Amount
MBAA Member	\$685	\$725	
Registration Plus Professional Membership*	\$827	\$867	
Nonmember	\$785	\$805	
Exhibitor**	\$495	\$495	
Student Member***	\$395	\$425	
Registration Plus Student Membership***	\$437	\$467	
Presenter	\$475	\$475	
Retired	\$475	\$495	
Single Day (select all that apply)	\$295 per day	\$315 per day	

☐ Thursday (10/8) ☒ Friday (10/9) ☐ Saturday (10/10)

Add a Guest**** \$45 \$45

MBAA Annual Conference Electronic Proceedings: \$55
(E-mail is required)

Additional Tickets:

Celebration Reception: _____ x \$95

Preconference Courses:

Beer Steward Seminar: \$295

Wednesday, October 7

Hazard Analysis and Critical
Control Points (HACCP) Course: \$499 Member
Tuesday - Wednesday, October 6-7 \$599 Nonmember

Sour Beer - Styles and Techniques
Wednesday, October 7 \$99

Tours:

Jacksonville Breweries Tour: _____ x \$59
Wednesday, October 7

Glass Plant Tour: _____ x \$39
Wednesday, October 7

AB InBev Brewery Tour _____ x \$39
Wednesday, October 7

Total: **\$315.00**

Member, Nonmember, Exhibitor, Student, Presenter, and Retired registration fees include the Celebration Reception and Afterglow party and entrance to technical sessions and exhibits.

Single Day registration includes entrance to the technical sessions and exhibits on the day of registration. It does not include the MBAA Celebration Reception.

☐ Check here if you have dietary restrictions or need accommodations to fully participate in this meeting. Please specify.

* Excludes current regular members and those whose regular membership lapsed within the past 12 months.

** Each exhibiting company is entitled to one (1) complimentary registration. Each person must complete a registration form.

*** Students registering for Registration Plus Student Membership must have a faculty member sign to qualify for the discounted rate.

Advisor Name

Advisor E-mail

**** Guests wishing to attend the Celebration Reception on Friday must purchase tickets in advance or on-site. Guests do not have access to the sessions or exhibit hall. Guest must register to have access to the Bierstube. Coworkers and business associates are not considered guests.

First and Last Name of Registrant's Guest

Cancellation/Refund Policy

Registration cancellations must be made in writing and received by MBAA no later than September 3, 2015. Cancellations received by this date are subject to a \$100 processing fee. Ticketed events will be fully refunded. Conference registration and ticketed event cancellations received after September 3, 2015, are not subject to a refund. MBAA reserves the right to cancel any ticketed event should registrations not meet the minimum number of participants required. In the event of an MBAA-cancelled event, MBAA will refund registration fees for the cancelled event.

Payment Information

☐ Check enclosed, payable to MBAA (U.S. funds only drawn from U.S. bank)

☐ Charge: ☒ VISA ☐ American Express ☐ MasterCard

Card No. _____

Expiration Date _____

Cardholder Signature (required):

Cardholder Name (please print):

Mail or fax form and payment to:

MBAA Conference Registration
411 Lafayette Street, Suite 201, New York, NY 10003
Telephone: +1.212.460.9700 • Fax: +1.212.460.5460
Faxed forms must include credit card information to be processed.

Housing Reservations

Hyatt Regency Jacksonville Riverfront

Reservations may be made in one of the following ways:

Internet: <http://mbaa.com/conference>

Telephone: Toll Free 1.888.421.1442

or +1.904.588.1234

Inform the reservationist that you are attending the MBAA Annual Conference

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Master Brewers Association of the Americas > MEETINGS > 2015 Annual Conference

Program & Events

Pre-Conference Courses and Workshops

Keynote Speakers

Technical Sessions

Workshops

Brewing Fundamentals

Events

Posters

Tours

Registration

Call for Papers

Exhibits, Advertising, and Sponsorships

2015 Exhibitors

Hotel and Transportation

General Information

Beer Donations



Program and Events: Preliminary Schedule

Schedule and offerings are subject to change. Please check back later for specific session times.

Pre-Conference

Additional registration is required to participate in preconference activities.

Tuesday, October 6

8:00 a.m.–5:00 p.m.

Pre-Conference Workshop: Hazard Analysis and Critical C Points (HACCP) Course

Wednesday, October 7

9:00 a.m.–12:00 p.m.

Executive Committee Meeting

8:30 a.m.–5:00 p.m.

Pre-Conference Workshop: Beer Steward Seminar

8:30 a.m.–5:00 p.m.

Pre-Conference Workshop: Hazard Analysis and Critical C Points (HACCP) Course

12:00–5:00 p.m.

Jacksonville Brewery Tour

1:00–4:00 p.m.

Board of Governors Meeting

1:00–4:00 p.m.

Pre-Conference Workshop: Sour Beer—Styles and Techni

1:00–5:00 p.m.

AB InBev Brewery Tour

1:30–3:45 p.m.

Glass Plant Tour

4:00–5:00 p.m.

District Officer Forum

5:00–6:30 p.m.

Meeting of the Technical Chairs

Conference Schedule

Thursday, October 8

7:00–8:00 a.m.

Speaker Breakfast

8:15–9:45 a.m.

Opening Session and Keynote

10:00–11:15 a.m.

Technical Session: Engineering I

10:00–11:15 a.m.

Technical Session: Hops I

10:00–11:15 a.m.

Workshop: Glass Quality

11:45 a.m.–1:45 p.m.

Lunch and Exhibits

1:45–3:30 p.m.

Technical Session: Packaging

1:45–3:30 p.m.	Technical Session: Brewhouse Operations I
1:45–3:30 p.m.	Workshop: Beer Safety from Field to Growler
3:45–5:00 p.m.	Technical Session: Engineering II
3:45–5:30 p.m.	Workshop: Flavor First: Innovations in Barley and Malting I Today's Brewer
3:45–5:45 p.m.	Brewing Fundamentals I: Fermentation
5:30–7:00 p.m.	Happy Hour with Exhibits

Friday, October 9

7:00–8:00 a.m.	Speaker Breakfast
8:00–9:45 a.m.	Technical Session: Yeast, Fermentation, and Microbiology
8:00–9:45 a.m.	Technical Session: Enzymes, Finishing, and Stability
8:00–9:45 a.m.	Workshop: Brewhouse Automation
10:00–11:45 a.m.	Technical Session: Brewhouse Operations II
10:00–11:45 a.m.	Workshop: Brewery Maintenance Success
10:00–11:45 a.m.	Brewing Fundamentals II: Fermentation
11:45 a.m.–2:15 p.m.	Lunch and Exhibits
2:15–3:30 p.m.	Technical Session: Brewery Safety
2:15–3:30 p.m.	Technical Session: Hops II
2:15–3:30 p.m.	Technical Session: Malt & Grains
3:45–5:30 p.m.	Technical Session: Sustainability I
3:45–5:30 p.m.	Technical Session: Sensory
3:45–5:30 p.m.	Workshop: Advanced Extract Options for Brewers
7:15–9:45 p.m.	Celebration Reception
9:45–11:00 p.m.	Afterglow Party

Saturday, October 10

7:30–8:30 a.m.	Committee Meetings
8:30–10:15 a.m.	Technical Session: Sustainability II
8:30–10:15 a.m.	Technical Session: Yeast, Fermentation, and Microbiology
8:30–10:15 a.m.	Workshop: Wort Separation: Mash Filter vs. Lauter Tun
10:30 a.m.–12:15 p.m.	Closing Session

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Economic Development

Board of County Commissioners

Kevin Beckner
Victor D. Crist
Ken Hagan
Al Higginbotham
Lesley "Les" Miller Jr.
Sandra L. Murman
Stacy R. White

County Administrator

Michael S. Merrill

County Administrator

Executive Team

Lucia E. Garsys
Carl S. Harness
Gregory S. Horwedel
Ramin Kouzehkanani
Liana Lopez
Bonnie M. Wise

County Internal Auditor

Michelle Leonhardt

County Attorney

Chip Fletcher

Economic Development

PO Box 1110
Tampa, FL 33601-1110
Phone: (813) 272-7232
Fax: (813) 276-2638

FAX COVER SHEET

Hillsborough County Economic Development Department
County Center 20th Floor

601 E. Kennedy Boulevard, Tampa, FL 33602

Tel: 813-272-5506 ~ Fax: 813- 276-2638

TO: Hyatt Regency Jacksonville Riverfront

FAX: 904-634-4554 PHONE: 888-421-1442

ATT: Reservations

Pages included 7 (including cover sheet) DATE: 09/18/15

Re: Simon Bollin reservation arrive Oct. 8, 2015

COMMENTS:

Please find our sales tax exemption certificate, credit card authorization and reservation acknowledgement.

Regards,

June Metcalf, Accountant II
Hillsborough County Economic Development
601 E Kennedy Blvd 20th Floor
Tampa, FL 33602-3503
Phone: 813-272-1176 – VOIP ext 62014
Fax: 813-276-2638
metcalfj@hillsboroughcounty.org

TRANSMISSION VERIFICATION REPORT

TIME : 09/18/2015 10:15
NAME : HILLSBOROUGH COUNTY
FAX : 8132762638
TEL : 8132726210
SER. # : BROL4J144098

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

09/18 10:14
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07
OK
STANDARD
ECM



Economic Development

Board of County Commissioners

Kevin Beckner
Victor D. Crist
Ken Hagan
Al Higginbotham
Lesley "Les" Miller Jr.
Sandra L. Murman
Stacy R. White

County Administrator
Michael S. Merrill

County Administrator

Executive Team

Lucia E. Gaisys
Carl S. Harness
Gregory S. Horwedel
Ramli Kouzehkanani
Liana Lopez
Bonnie M. Wise

County Internal Auditor
Michelle Leonhardt

County Attorney
Chip Fletcher

Economic Development
PO Box 1110
Tampa, FL 33601-1110
Phone: (813) 272-7232
Fax: (813) 276-2638

FAX COVER SHEET

Hillsborough County Economic Development Department
County Center 20th Floor
601 E. Kennedy Boulevard, Tampa, FL 33602
Tel: 813-272-5506 ~ Fax: 813-276-2638

TO: Hyatt Regency Jacksonville Riverfront

FAX: 904-634-4554 PHONE: 888-421-1442

ATT: Reservations

Pages included 7 (including cover sheet) DATE: 09/18/15

Re: Simon Bollin reservation arrive Oct. 8, 2015

COMMENTS:

Please find our sales tax exemption certificate, credit card authorization and reservation acknowledgement.

CREDIT CARD AUTHORIZATION FORM

Hotel: FL - Hyatt Regency Jacksonville Riverfront

Individual/Business/Group or Event Name: Simon Bollin

Reservation Confirmation Number: 32CNKJ8Q

Arrival or Event Date(s): 10/08/2015

Credit Card Billing Address: PO BOX 1110

City / State / Zip / Country: TAMPA, FL 33601

Contact Phone Number: 813-272-1176

Contact Email Address: metcalfj@hillsboroughcounty.org

I hereby authorize the following charges to be applied to the following credit card.

Check all that apply:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> Room & Tax | <input type="checkbox"/> Only Specific Incidentals | <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> All Stay Charges |
| <input type="checkbox"/> Food & Beverage | <input type="checkbox"/> All Banquet Charges | <input type="checkbox"/> Guest Amenity | <input type="checkbox"/> Other - see comments |
| <input type="checkbox"/> All Incidentals | <input type="checkbox"/> Resort Services Fee | <input type="checkbox"/> Parking | |

I hereby authorize the following amount be applied to the credit card (applicable sales tax and service charges may apply):

348.00

**In Australia: An additional 3% service fee will apply to the total stay account when paying by Amex and Diners credit cards upon departure. All other credit cards will incur an additional 1.5% fee which will apply to the total stay upon departure (excluding Park Hyatt Sydney).*

Comments: Tax exemption form is attached

The credit card listed below may be billed for the estimated charges Ten (10) days prior to event/reservation date.

Credit Card Number: ~~6011 2312 103087 703~~

Name on Card: June Metcalf

Expiration Date: 08/18

Cardholder Phone #: 813-272-1176

Signature of Card Holder: *June Metcalf*

Current Date: 9/17/15

- ☒ By submitting this form and any supporting documents, I confirm that I have read and agreed to the use of the personal information I am giving you in accordance with your Global Privacy Policy for Guests, which is available at privacy.hyatt.com

Please fax this completed form to:

Hotel Fax #: 904-634-4554

Please transmit this form at least 72 hours prior to your planned arrival in order to ensure your request is processed.
Hotel does not accept credit card authorization requests for same day arrivals.

For a list of all hotels and their contact information, please visit: <http://www.hyatt.com/hyatt/site-map.jsp>

All information is kept confidential and used only for the purposes as noted above.

PARK HYATT®

ANDAZ

GRAND HYATT

HYATT

HYATT
REGENCY

HYATT
PLACE

HYATT
HOUSE

HYATT
RESIDENCE CLUB

Master Brewers Association of the Americas

Oct 7, 2015 - Oct 10, 2015

Reservation Details

ACKNOWLEDGEMENT NUMBER:32CNKJ8Q

**HYATT REGENCY JACKSONVILLE RIVERFRONT**

225 East Coastline Drive, Jacksonville, FL 32202, UNITED STATES

passkeyjaxrj@hyatt.com

<http://jacksonville.hyatt.com>

BUSINESS PLAN

DATES: Oct 8, 2015 - Oct 10, 2015

2 nights, 1 adult, 0 children

RATES USD 348.00**TAXES** USD 0.00**TOTAL ROOM PRICE** USD 348.00

ADD-ONS

SUBTOTAL USD 348.00

GUEST SUMMARY

SIMON BOLLIN

PO Box 1110,

Tampa, FL, 33601

US

metcalfj@hillsboroughcounty.org

813-272-1176

Oct 8, 2015 4:00 AM - Oct 10, 2015 12:00 AM

PAYMENT INFORMATION

Credit Card

VISA

*****8713

** / **

BILLING ADDRESS

Simon Bollin

PO Box 1110,

Tampa, FL, 33601

US

813-272-1176

RATES

Oct 8, 2015 - USD 174.00

Oct 9, 2015 - USD 174.00

OTHER INFORMATION

SMOKING PREFERENCE: No Preference**ACCESSIBLE:** No**SPECIAL REQUESTS FOR THIS ROOM:** Please note that we are a government entity and tax exempt. Please fax or email a credit card authorization form. Fax: 813-276-2638, email: metcalfj@hillsboroughcounty.org

POLICIES

ROOM POLICIES

- Tax is not included

TAX POLICY

Room rates do not include 14.13% room tax (subject to change).

DEPOSIT POLICY

Total Deposit (USD):

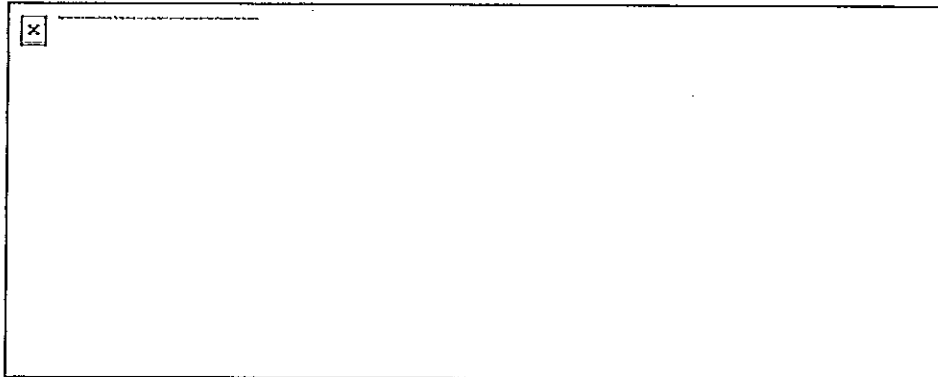
CANCEL POLICY

Cancel by 3PM EST 24 hours prior to arrival

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Privacy Policy, Terms and Conditions.trunk-production dapp5b

Metcalf, June

From: Hyatt Regency Jacksonville <groupcampaigns@pkghlrss.com>
Sent: Monday, September 14, 2015 2:49 PM
To: Metcalf, June
Subject: Hyatt Regency Jacksonville Reservation Confirmation



Master Brewers Association of the Americas ~ 07-Oct-2015 - 10-Oct-2015 ~ Hyatt Regency Jacksonville Riverfront

Dear Simon Bollin,

We are pleased to confirm your reservations at Hyatt Regency Jacksonville Riverfront. The staff of Hyatt Regency Jacksonville Riverfront is looking forward to your arrival as part of the Master Brewers Association of the Americas. Should your travel plans change and you need to make changes to your reservations, please [click here](#) or call 888-421-1442.

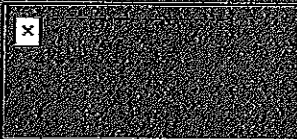
We look forward to welcoming you to Hyatt Regency Jacksonville Riverfront.

- The Staff of Hyatt Regency Jacksonville Riverfront

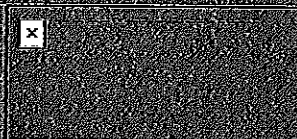
Reservation Details

Online Confirmation:	32CNKJ8Q
Date Booked:	14-Sep-2015
Reservation Name:	Simon Bollin
Arrival Date:	08-Oct-2015
Departure Date:	10-Oct-2015
Room Type:	Business Plan
Number of Rooms:	1
Number of Guests:	1

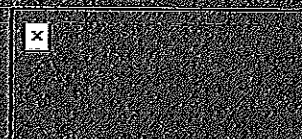
	Date	Guest(s)	Status	Rate
	08-Oct-2015	1	Confirmed	174.00
	09-Oct-2015	1	Confirmed	174.00
Night by Night Rate:	Additional Guest	Rate		
	Second Guest	0.00		
	Third Guest	0.00		
	Fourth Guest	0.00		
	Fifth Guest	0.00		
Total Charge:	348.00			
Tax Disclosure:	Room rates do not include 14.13% room tax (subject to change).			
Add-Ons:				
Cancel Policy:	Cancel by 3PM EST 24 hours prior to arrival			



Dining



Entertainment



Jacksonville Jaguars

Master Brewers Association of the Americas

Oct 7, 2015 - Oct 10, 2015

Reservation Details

ACKNOWLEDGEMENT NUMBER:32CNKJ8Q

**HYATT REGENCY JACKSONVILLE RIVERFRONT**

225 East Coastline Drive , Jacksonville , FL 32202 , UNITED STATES

passkeyjaxrj@hyatt.com

<http://jacksonville.hyatt.com>

BUSINESS PLAN

DATES: Oct 8, 2015 - Oct 10, 2015**2** nights , **1** adult , **0** children**RATES** USD 348.00**TAXES** USD 0.00**TOTAL ROOM PRICE** USD 348.00

ADD-ONS

SUBTOTAL USD 348.00

GUEST SUMMARY

SIMON BOLLIN

PO Box 1110,

Tampa, FL, 33601

US

metcaljf@hillsboroughcounty.org

813-272-1176

Oct 8, 2015 4:00 AM - Oct 10, 2015 12:00 AM

PAYMENT INFORMATION

Credit Card

VISA

*****8713

** / **

BILLING ADDRESS

Simon Bollin

PO Box 1110,

Tampa, FL, 33601

US

813-272-1176

RATES

Oct 8, 2015 - USD 174.00

Oct 9, 2015 - USD 174.00

OTHER INFORMATION

SMOKING PREFERENCE: No Preference**ACCESSIBLE:** No**SPECIAL REQUESTS FOR THIS ROOM:** Please note that we are a government entity and tax exempt. Please fax or email a credit card authorization form. Fax: 813-276-2638. email: metcaljf@hillsboroughcounty.org

POLICIES

ROOM POLICIES

- Tax is not included

TAX POLICY

Room rates do not include 14.13% room tax (subject to change).

DEPOSIT POLICY

Total Deposit (USD):

CANCEL POLICY

Cancel by 3PM EST 24 hours prior to arrival

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Privacy Policy, Terms and Conditions.trunk-production dapp5b

Metcalf, June

From: Hyatt Regency Jacksonville <groupcampaigns@pkghlrss.com>
Sent: Monday, September 14, 2015 2:49 PM
To: Metcalf, June
Subject: Hyatt Regency Jacksonville Reservation Confirmation



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We look forward to welcoming you to Hyatt Regency Jacksonville Riverfront.

- The Staff of Hyatt Regency Jacksonville Riverfront

Reservation Details

Online Confirmation:	32CNKJ8Q
Date Booked:	14-Sep-2015
Reservation Name:	Simon Bollin
Arrival Date:	08-Oct-2015
Departure Date:	10-Oct-2015
Room Type:	Business Plan
Number of Rooms:	1
Number of Guests:	1

	Date	Guest(s)	Status	Rate
	08-Oct-2015	1	Confirmed	174.00
	09-Oct-2015	1	Confirmed	174.00
Night by Night Rate:	Additional Guest	Rate		
	Second Guest	0.00		
	Third Guest	0.00		
	Fourth Guest	0.00		
	Fifth Guest	0.00		
Total Charge:	348.00			
Tax Disclosure:	Room rates do not include 14.13% room tax (subject to change).			
Add-Ons:				
Cancel Policy:	Cancel by 3PM EST 24 hours prior to arrival			

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dining	Entertainment	Jacksonville Jaguars



Hyatt Regency Jacksonville Riverfront
225 East Coastline Drive
Jacksonville, Florida 32202
Tel: (904) 588-1234
Fax: (904) 634-4554
www.jacksonville.hyatt.com

INVOICE

Payee Simon Bollin
Po Box 1110
Tampa FL 33601

Room No. 0422
Arrival 10-08-15
Departure 10-10-15
Page No. 1 of 1
Folio Window 1
Folio No. 642671

Confirmation No. 320412301
Group Name Master Brewers Assn Am
Booking No. 32CNKJ8Q

Date	Description	Charges	Credits
10-08-15	Mastercard XXXXXXXXXXXXX6812 XX/XX		20.00
10-08-15	Parking Self	10.00	
10-09-15	Parking Self	10.00	
10-10-15	Guest Room Allowance	-20.00	
10-10-15	Mastercard XXXXXXXXXXXXX6812 XX/XX		-20.00

Total	0.00	0.00
--------------	------	------

Guest Signature

Balance	0.00
----------------	------

I agree that my liability for this bill is not waived and I agree to be personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

THANK YOU FOR CHOOSING THE HYATT REGENCY JACKSONVILLE RIVERFRONT

Our goal is to provide every guest with an exceptional stay. Should you have any customer service feedback, please email us at qualityjaxrj@hyatt.com

For inquiries concerning your bill please call 855-869-0846

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

Please remit payment to:
Hyatt Regency Jacksonville Riverfront
P O Box 203686
Dallas TX 75320-3686
Email: moore.jaxrjaccounting@hyatt.com



IE 208250
**HYATT
REGENCY**

Hyatt Regency Jacksonville Riverfront
225 East Coastline Drive
Jacksonville, Florida 32202
Tel: (904) 588-1234
Fax: (904) 634-4554
www.jacksonville.hyatt.com

INFORMATION INVOICE

Payee Simon Bollin
Po Box 1110
Tampa FL 33601

Room No. 0422
Arrival 10-08-15
Departure 10-10-15
Page No. 1 of 1
Folio Window 2
Folio No. 642672

Confirmation No. 320412301
Group Name Master Brewers Assn Am
Booking No. 32CNKJ8Q

Date	Description	Charges	Credits
10-08-15	Deposit Transferred at C/I		348.00
10-08-15	Package	174.00	
10-08-15	City Surcharge	1.64	
10-09-15	Package	174.00	
10-09-15	City Surcharge	1.64	
10-10-15	City Surcharge Adj.	-3.28	

Total	348.00	348.00
Balance	0.00	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

THANK YOU FOR CHOOSING THE HYATT REGENCY JACKSONVILLE RIVERFRONT

Our goal is to provide every guest with an exceptional stay. Should you have any customer service feedback, please email us at qualityjaxrj@hyatt.com

For inquiries concerning your bill please call 855-869-0846

Please remit payment to:
Hyatt Regency Jacksonville Riverfront
P O Box 203686
Dallas TX 75320-3686
Email: moore.jaxrjaccounting@hyatt.com

June Metcalfe 25574

IE 208250

HYATT | VISIT HYATT REGENCY | HYATT GOLD PASSPORT

Customer Service

English

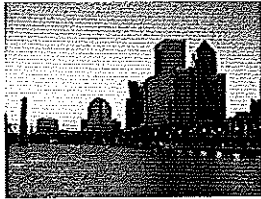
Hyatt Gold Passport Sign In or Join

Hyatt Regency Jacksonville Riverfront

[Hyatt Home](#) > [Rates & Reservations](#) > Rooms & Rates

Rooms And Rates

Selected Hotel



**Hyatt Regency
Jacksonville Riverfront**
225 East Coastline Drive
Jacksonville, Florida,
32202, USA
Tel: +1 904 589 1234
[Maps & Directions](#)

Selected Dates and Details

Thursday 8 October 2015 through
Saturday 10 October 2015
(2 Nights)

1 Room / 1 Adult / No Child

Please note, Hyatt Regency Jacksonville Riverfront will be enhancing our guest experience by recharging our guest rooms beginning April 7th. We will be ready to inspire our guests by October 16th, 2016. The pool will be closed April 6th through May 15th.

☐ Show Hyatt Gold Passport Points

 Show In:

The special offer/rate you have selected is unavailable during the dates you have selected, or it is not offered at this property. Below is a list of rates available during your requested dates. To check alternate dates please [click here](#).

To speak with a Hyatt Representative from within the US and Canada, please call 866-587-7830.
To view our list of contact numbers available in other countries please [click here](#).

To reach us electronically, [click here](#).

Adv Purchase	Hyatt Daily Rate	Double Your Points	Romance
Average Daily Rate	Average Daily Rate	Average Daily Rate	Average Daily Rate
\$164 USD	\$179 USD	\$197 USD	\$199 USD

Full prepayment required, non-refundable, no date changes.

Rate Rules



Deluxe Two Queen Beds

Take in stunning views of the city skyline from our spacious accommodations. Fitted with...

[More](#)
\$164

Avg/Night (USD)

Select



ADA King Tub

This Americans with Disabilities Act-compliant guestroom features one king bed and...

[More](#)
\$174

Avg/Night (USD)

Select



ADA King Shower

This Americans with Disabilities Act-compliant guestroom features one king bed and...

[More](#)
\$174

Avg/Night (USD)

Select

MAKE A RESERVATION

Hyatt Regency Jacksonville Riverfront

ARRIVE

DEPART

 ROOMS

 ADULTS

 CHILDREN

SPECIAL RATES (AAA, GOVT, ...)

Select a Special Rate

☐ None

☒ Government

☐ AAA / CAA Member

☐ Senior / AARP

☐ Special Offer Code

☐ Corporate or Group Code

Check Availability

 BEST RATES *guaranteed*

Estimated amount

PRE TRAVEL FORM

The Pre Travel Authorization Request Form must be approved and signed by the Director prior to submitting it to administration for processing.
This form shall be submitted to administration at least 15 days prior to the travel along with the Agenda and any other supporting information/documentation regarding the Conference, Expo or Training.

Employee Name: Simon Bollin Emp. Id 30751

Name of Conference, Expo or Training: MBAA Annual Convention

Registration Fee: \$315 Website: etings/annual/registration/Documents/

Address: 225 East Coastline Drive

City: Jacksonville County: Duval

Phone: 212-460-9700 Fax: 212-460-5460

Departure Date/Time: 10/08/2015 1600 Return Date/Time: 10/10/2015 1400

Hotel: Hyatt Regency Jacksonville Riverfront

Address: 225 East Coastline Drive Jacksonville, FL 32202

Phone: 888-421-1442 Fax: 904-588-1234

Method of Travel Requesting: (Circle one) County Vehicle - Private Vehicle - Common Carrier - Rental Car

County Vehicle - Private Vehicle - Rental (Circle one) Projected Mileage: 400

Common Carrier/Airline: NA

Departure Date/Time: 10/08/2015 1600 Return Date/Time: 10/10/2015 1400

Departure Flight No.: 10/08/2015 1600 Returning Flight No.: 10/10/2015 1400

If meals are provided, please note the date for each below:

Breakfast will be provided: 10/09/2015

Lunch will be provided: 10/09/2015

Dinner will be provided: No

Other Projected Expense: Hotel 164.00 per night x 2

10/8 10/9 10/10
D D B
B B L